

Web Check Fingerprint Authorization Form

BCI – Ohio Check
 FBI – Nationwide Check
 FBI & BCI – Nationwide & Ohio Check

First Name: _____ Last Name: _____

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: ____ - ____ - ____ Email: _____

Gender: Male/Female

Height: ____ ft. ____ in. Weight: ____ lbs. Race: _____ Eye Color: _____ Hair Color: _____

Please Read Carefully

While NPI can try to be helpful in determining what ORC Code you need or where your results need to be sent, it is solely and ultimately your responsibility to provide NPI with the accurate information reflecting your needs for having your fingerprints processed.

Customer Initials

_____ I understand that if my prints need to be redone based on inaccurate information I provide, **I will have to pay to have my prints reprocessed.**

RESULTS

ORC CODE: _____ Reason for Printing: _____

I need my results:

PRINTED (I will pick up)
 EMAILED
 MAILED (allow 30 days)
 DIRECT COPY (To State Board/Dept)

DIRECT COPY OPTIONS (Direct to a State of Ohio Board/Department)

Circle Only One:

- | | | |
|--------------------------------------|---|----------------------|
| • Ohio Dept of Agriculture – Hemp | • Construction Board, Ohio | • Social Work Board |
| • BMV Dealer Licensing | • Ohio Dept of Liquor Control | • Lottery Commission |
| • BMV Deputy Registrar | • Ohio Board of Pharmacy | • OPOTA |
| • Child Care Center – Type A – ODJFS | • Ohio State Racing Commission | • NONE |
| • OT/PT/AT Board | • State Vision Professionals Board | |
| • Ohio Dept of Education | • Ohio Department of Commerce – MMCP | |
| • Ohio Dept of Insurance | • Ohio Veterinary Medical Licensing Board | |
| • Ohio Medical Board | • State Speech & Hearing Professionals Board | |
| • Ohio Board of Nursing | • Ohio Division of Real Estate & Professional Licensing | |

RECIPIENT - If Direct Copy option is "None" – Who is receiving the results?

Recipient Name(s) _____

Mailing Address (if being mailed) _____

Note: Mailed results cannot be printed or emailed.

Email Address (if being emailed) _____

WAIVER

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI and Narrow Path Investigations to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the board, agency, organization and/or recipient as indicated above.

Applicant Name (print): _____ Applicant Signature: _____ Date: _____

*Parent/Guardian print/sign above if applicant is under 18 years of age.

Witness Name (print): _____ Witness Signature: _____ Date: _____